



Delaware Department of  
Human Resources  
Statewide Benefits Office

# Open Enrollment

## 2019 FAQs

*Last Updated: Wednesday, March 13, 2019*

## May 6 - 24, 2019

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For more information on Open Enrollment, visit [de.gov/statewidebenefits](https://de.gov/statewidebenefits), select your group and choose “Enrollment”.

### Q: Do I have to *actively participate* in Open Enrollment?

The State of Delaware wants you to take action this May to make sure you are enrolled in the benefit plans that provide the **BEST VALUE** for you and your family! Getting the BEST VALUE means reviewing your benefit options and making informed decisions about which plans are the most affordable and aligned with your needs.

For the 2019 Benefits Open Enrollment, the SBO is requesting every benefit-eligible employee to actively participate.

Show you **VALUE** your benefits this Open Enrollment by completing the VALUE FIVE CALL TO ACTION steps.

### Q: Will there be benefit plan premium (rate) changes for 2019?

The benefit plan premiums (rates) for Delta Dental and Dominion National\* will increase effective **July 1, 2019**.

Premiums for the health plans will not change at this time; **however, there are a number of health benefit design changes** intended to help you obtain the same level of quality and service at reduced costs to you and the State of Delaware.

Learn about these changes by viewing the online informational videos or visiting an upcoming health fair.

*\*Contact your Human Resources/Benefits Office to determine if you are eligible for State of Delaware Dental Coverage.*

### Q: When will the coverage changes take effect?

The coverage changes and rates, including enrollment or cancellation of coverage, will take effect on **July 1, 2019**.

Contact your Human Resources/Benefits Office for information regarding benefit deductions.



## Q: Where can I learn more about my benefits?

The Statewide Benefits Office has provided several tools in order to help employees *actively participate* in Open Enrollment, while providing the **BEST VALUE** for you and your family.

- A newly designed website provides access to the latest information regarding your benefits; including coverage options, upcoming events and enrollment information.
- A series of short **Informational Videos**, which include the “2019 Benefits Open Enrollment Highlights”, videos on the four Health Plans, and Spousal and Dependent Coordination of Benefits, provide an in-depth overview of each topic.
- The **Health Plan Comparison Chart** provides a side-by-side comparison of the four Health Plans offered by the State of Delaware.
- The **myBenefitsMentor® Consumer Decision Tool** is designed to help you make the best selection from the four health plans offered by the State of Delaware (*available to DTC employees ONLY*).

## Q: Will I get Member ID Cards?

- **Health:** All members (new and current) enrolled in Aetna’s HMO Plan and Highmark's Comprehensive PPO Plan will receive new ID cards. Only **NEW** members enrolled in Aetna’s CDH Gold Plan and Highmark's First State Basic Plan will receive new ID cards.
- **Prescription:** Only members who enroll in a health plan for the **first time** will receive prescription ID cards.
- **Dental:** Only **NEW** members will receive ID cards.
- **Supplemental Benefits (UD Employees Only):** Aflac Group does not provide Member ID Cards.

**Please Note:** New Member ID Cards will be mailed mid to late June 2019.



### Q: What will happen to my unused Aetna CDH Gold HRA funds at the end of the plan year?

Unused CDH Gold HRA Funds will rollover to the next plan year and are available at the beginning of the new plan year.

**If you do not continue enrollment in a CDH Gold plan the funds will be forfeited.**

However, remaining unused funds will be used to pay for claims incurred during the period the employee was active in the CDH Gold Plan.

HRA Fund balances and status of claims may be obtained by contacting Aetna Customer Service at 1-877-542-3862 or [www.Aetna.com](http://www.Aetna.com).

### Q: What do I need to provide if I am covering a spouse or other dependent for the FIRST TIME?

**Proof of eligibility must be provided for anyone covering a spouse or dependent for the *FIRST TIME*.**

- Proof of eligibility for a spouse is a copy of the Marriage Certificate/Civil Union Certificate.
- Proof of eligibility for a dependent is a Birth Certificate or other legal document.\*
- Social Security Card must be provided in order to confirm a spouse or dependent's Social Security Number.
- Complete a ***Child Dependent Coordination Benefits*** form if your dependent child has other health coverage.
- Complete a ***Certification of Tax Dependent Status*** form if covering a spouse due to civil union or other dependents due to civil union.

\*This information is not forwarded to the carriers. Your Human Resources/Benefits Office will maintain this documentation.



**Q: What do I need to do if I choose to cover my spouse for the 2019 Open Enrollment?**

If you cover your spouse in one of the State of Delaware's Group Health Insurance medical (Aetna or Highmark) plans, you **MUST** complete a Spousal Coordination of Benefits form upon initial enrollment, each year during your Open Enrollment period and anytime your spouse's employment or insurance status changes.

**Failure to submit a new Spousal COB form each year will result in a reduction of spousal benefits.**

**Q: Where can I find information to assist with my electronic SCOB Form?**

The ***Spousal Coordination of Benefits Self-Service Guide*** offers step-by-step instructions for completing the SCOB Form online during Open Enrollment and year-round.

